

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

2350 KERNER BLVD., SUITE 250

☐Check if different
than previously
reported. (ACC)

SAN RAFAEL

CA

94901

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of

CA

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

10

22

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		302728.78
(b) Cash on Hand at Beginning of Reporting Period	362870.19	
(c) Total Receipts (from Line 19)	22818.97	475178.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	385689.16	777907.10
7. Total Disbursements (from Line 31)	13500.00	405717.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	372189.16	372189.16
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21702.30	393853.90
(i) Itemized (use Schedule A)		
(ii) Unitemized	1116.67	80315.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	22818.97	474169.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	22818.97	474169.16
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1009.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22818.97	475178.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22818.97	475178.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	13017.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	13017.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	260000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	132700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13500.00	405717.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	405717.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22818.97	474169.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22818.97	474169.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	13017.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	13017.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BLEND A J. WILSON

Mailing Address 62 WHITE OAK BLUFF

City

SAVANNAH

State

GA

Zip Code

31405

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEDAR CREST COLLEGE

Occupation

ACTING PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: INC.A.53547

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54509

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU X

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54081

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

2040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54171

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54256

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54325

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

47.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54331

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54124

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54210

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54388

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54182

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54310

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54471

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54273

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54293

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54321

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54202

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City

LAS VEGAS

State

NV

Zip Code

89123

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54285

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: INC.A.54237

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54181

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54103

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54503

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54180

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54197

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54179

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54498

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54244

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54467

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54324

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54267

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City

MURRAY

State

UT

Zip Code

84123

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54561

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54537

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54502

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54404

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54336

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54538

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54405

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54456

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54299

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54470

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54578

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54514

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54334

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54330

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54345

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54562

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54510

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54455

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54516

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54290

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54373

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54458

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54246

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54146

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54151

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54082

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54577

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54411

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 177 N. MILL ROAD

City

HARRISBURG

State

PA

Zip Code

17112

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
AVP COMMUNITY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54544

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54452

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54172

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54398

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

117.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54376

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54491

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54225

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54217

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54120

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54148

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54564

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City

WASHINGTONVILLE

State

NY

Zip Code

10992

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54372

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54555

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR TRC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54554

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MARY BURKE

Mailing Address 638 LENOX AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR MEDICARE CLIENT PRODU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54213

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54271

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54188

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54079

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54354

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GERALD CARDONE

Mailing Address 3 MEADOW LANE

City

ANNANDALE

State

NJ

Zip Code

08801

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FACILITY PLANNING & DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54425

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MR VICENTE CARIDE

Mailing Address 114 W 27
APT 3N

City

NEW YORK

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP USER EXPERIENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54399

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MARKET STRATEGY & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54366

Amount of Each Receipt this Period

52.50

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR SPECIALTY OPS CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54333

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54420

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54277

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54108

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54257

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54481

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54137

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 8575 STABLEMILL LANE

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54553

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54520

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54245

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54344

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54230

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54474

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54283

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54383

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54350

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54326

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54215

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City

BERNARDSVILLE

State

NJ

Zip Code

07924

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL POLICY & PROG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54133

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54227

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR BARRY DAVIS

Mailing Address 11 WEISS DR

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54407

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54576

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54367

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54300

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS BARBARA DELLEDONNA

Mailing Address 199 SANFORD AVE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54408

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54269

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54490

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54505

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54463

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54291

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATERSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54110

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54542

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54351

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54128

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code
MORRIS TWP NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54473

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)
MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code
EAST HAMPTON CT 06424

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54282

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54154

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54184

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54158

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET
#3C

City State Zip Code
NEW YORK NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1617.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54279

Amount of Each Receipt this Period

77.00

B.

Full Name (Last, First, Middle Initial)
REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54563

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54147

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54493

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54341

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR SCOTT ENOS

Mailing Address 22 BARNARD RD

City

WARWICK

State

RI

Zip Code

02886

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54251

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54495

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54071

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54234

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City State Zip Code
CLIFFSIDE PARK NJ 07010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54442

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City State Zip Code
LITHIA FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54166

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54574

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CLIENT SLS AND MGD CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54549

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54218

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3844.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54272

Amount of Each Receipt this Period

192.23

SUBTOTAL of Receipts This Page (optional)

292.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR E-COMM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54069

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54412

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54368

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RONALD FIELMANN

Mailing Address 2061 ARLEEN CT

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54550

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54155

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54208

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City State Zip Code
NEW BLOOMINGTON OH 43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54316

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR FINANCE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54579

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54160

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR
#222

City State Zip Code
MEMPHIS TN 38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54384

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54332

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54178

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54534

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City

ST PAUL

State

MN

Zip Code

55104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54560

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54068

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54451

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54492

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54413

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

227.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54307

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54477

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54484

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54067

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54186

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.
SUITE 246

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54527

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54125

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54446

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES UHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54072

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

397.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54135

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54385

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54139

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54200

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54221

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54264

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54130

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54089

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54199

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54342

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54450

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54414

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54119

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54551

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS SHANA HART

Mailing Address 4120 JACKSBORO

City

SNYDER

State

TX

Zip Code

79549

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54259

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54236

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54070

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54545

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

252.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR BILL HEAD

Mailing Address 501 SLATERS LANE
#816

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54506

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code
PHOENIX AZ 85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54152

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54443

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City

SOUTH ORANGE

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54482

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City

SUCCASUNNA

State

NJ

Zip Code

07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54131

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ERIC HESS

Mailing Address 10 CARLTON RD

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54212

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54232

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

SHERLYN HOBGOOD

Mailing Address 6635 LAMBERT DR

City

MASON

State

TN

Zip Code

38049

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP NURSING SPEC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54557

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54314

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54387

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54226

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54303

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54570

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54339

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54552

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54540

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54511

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City

OKLAHOMA CITY

State

OK

Zip Code

73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54558

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54319

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS JANE HULSE

Mailing Address 95 GORDON RD

City

ESSEX FELLS

State

NJ

Zip Code

07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54371

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54074

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54085

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54112

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS TERESE JACKSON

Mailing Address 6085 S. PRESTON LANE

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54132

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54424

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JASON JAMES

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54078

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54438

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code
LYNDHURST NJ 07071

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54121

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54265

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City State Zip Code
LAS VEGAS NV 89136

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54211

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54389

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code
PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54258

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54365

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54242

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54457

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54162

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54308

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54111

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54415

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54296

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code
EDISON NJ 08820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54479

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City State Zip Code
LAKEWOOD OH 44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54539

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54426

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54465

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54565

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54418

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54136

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54170

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54094

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54347

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54401

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54337

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54523

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54566

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54298

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54496

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54567

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54288

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54183

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54231

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54439

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL MAHON

Mailing Address 64 PHEASANT HILL DRIVE

City State Zip Code
WEST HARTFORD CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54499

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54214

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54087

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54356

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City

MENDHAM

State

NJ

Zip Code

07945

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54205

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
 OLD GREENWICH CT 06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54167

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code
 WEST ORANGE NJ 07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54526

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
 MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54239

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54573

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
PRESIDENT - CCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54568

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54194

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54483

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54150

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54392

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54190

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54295

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54219

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City

OWASSO

State

OK

Zip Code

74055

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54515

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54575

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54340

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54297

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54433

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54129

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

409.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54543

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54092

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54086

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54448

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54099

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54201

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54209

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54075

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54393

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54427

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54403

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54134

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54116

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 319 BOGERT AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54168

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54432

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54287

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54302

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54164

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54416

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54101

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54362

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City State Zip Code
NORTH HALEDON NJ 07508

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54374

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54409

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54500

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54268

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54353

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54352

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54348

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54260

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR RICHARD PALOMBO

Mailing Address 19 E. HOLLYWOOD LANE

City

BEESLEY'S POINT

State

NJ

Zip Code

08223

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54462

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)

59.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54254

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54489

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54118

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54311

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54222

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54547

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54335

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54235

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54189

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54521

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 1050 S. CLARKSON ST

City

DENVER

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54517

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54233

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54088

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54192

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code
DUNNELLON FL 34432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54417

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54320

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54278

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54381

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54453

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54447

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54472

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54113

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ELIGIBILITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54422

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City

MATAWAN

State

NJ

Zip Code

07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1372.98

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54370

Amount of Each Receipt this Period

65.38

SUBTOTAL of Receipts This Page (optional)

165.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54274

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST.
UNIT B

City

COS COB

State

CT

Zip Code

06807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54206

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54419

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54469

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SR MGR BUS DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54548

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54149

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 114 / 155

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54093

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54468

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54204

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54525

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54382

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54173

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR CHRISTOPHERJOHN ROWLAND

Mailing Address 16725 OLIVE CIRCLE

City State Zip Code
FOUNTAIN VALLEY CA 92708

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54104

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4053.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54379

Amount of Each Receipt this Period

193.00

C.

Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP CLINICAL MGMT & SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54224

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

253.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54123

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54329

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MS JENNIFER RUSSO

Mailing Address 35 DEAN ST.

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54486

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1645.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54369

Amount of Each Receipt this Period

78.34

B.

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54402

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54530

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

128.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ENTERPRISE BUS INTELLIG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54255

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54153

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54375

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54434

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54378

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City

SKOKIE

State

IL

Zip Code

60076

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54145

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54421

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City

PICKERINGTON

State

OH

Zip Code

43147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54309

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54083

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54115

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54444

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54294

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54098

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54161

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54076

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54248

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54176

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GENERIC STRAT & CUST DV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54080

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54394

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54270

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54428

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

252.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54304

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54114

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54361

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54247

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54253

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54229

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54400

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54461

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54488

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54546

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54322

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54091

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MANUF SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54569

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54380

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54524

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54431

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54195

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54077

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54240

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54449

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54196

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54105

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54494

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54140

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54429

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54095

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APT 209

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54165

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54203

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS JOANNE TAYLOR

Mailing Address 39 ROCKAWAY PLACE

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54097

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code
UPPER ARLINGTON OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54454

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City

MT ARLINGTON

State

NJ

Zip Code

07856

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54476

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54175

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54102

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54220

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City

LAS VEGAS

State

NV

Zip Code

89123

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54286

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54106

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54301

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54436

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54243

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54216

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54541

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54122

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54292

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
GROUP VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54559

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54163

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City State Zip Code
BLOOMFIELD NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54159

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54073

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54478

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54346

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54241

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54355

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

232.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 155

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54090

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54480

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54306

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54109

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54349

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54281

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54284

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54252

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54522

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54185

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54276

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54096

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR CHRISTOPHER WILSON

Mailing Address 44 HILL STREET
APARTMENT 2D

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54250

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City State Zip Code
LYNNWOOD WA 98037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54191

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS BEVERLY WINKLER

Mailing Address 17 LYNNWOOD RD

City State Zip Code
VERONA NJ 07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54377

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54430

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54198

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54107

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54475

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54423

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54556

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54156

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54263

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: INC.A.54338

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54395

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54174

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54238

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	8

Transaction ID: INC.A.54485

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

21702.30

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 153 / 155

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: EXP.B.53539 Date of Disbursement
Mailing Address 14 KNIGHTSWOOD DRIVE	<div> <div>10</div> <div>03</div> <div>2008</div> </div>
City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name ADLER FOR CONGRESS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNEDY INC.	Transaction ID: EXP.B.53542 Date of Disbursement
Mailing Address PO BOX 321	<div> <div>10</div> <div>03</div> <div>2008</div> </div>
City PAWTUCKET State RI Zip Code 02862	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name FRIENDS OF PATRICK J. KENNEDY INC.	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS	Transaction ID: EXP.B.53545 Date of Disbursement
Mailing Address 200 NORTH MAIN STREET P.O. BOX 712	<div> <div>10</div> <div>03</div> <div>2008</div> </div>
City Monticello State IN Zip Code 47960	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name HOOSIERS SUPPORTING BUYER FOR CONGRESS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 154 / 155

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) STORM CHASERS Mailing Address PO BOX 237	Transaction ID: EXP.B.53544 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2008</div> </div>
City Monticello State IN Zip Code 47960 Purpose of Disbursement Candidate Name STORM CHASERS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND Mailing Address 104 E. HUME AVE.	Transaction ID: EXP.B.53541 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2008</div> </div>
City ALEXANDRIA State VA Zip Code 22301 Purpose of Disbursement Candidate Name TEXAS FREEDOM FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) THE HAWKEYE PAC Mailing Address P.O. BOX 7255	Transaction ID: EXP.B.53540 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2008</div> </div>
City DES MOINES State IA Zip Code 50309 Purpose of Disbursement Candidate Name THE HAWKEYE PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

13000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF NICHOLAS MICOZZIE

Mailing Address P.O. BOX 234

City
CLIFTON HEIGHTSState
PAZip Code
19018

Purpose of Disbursement

Candidate Name

FRIENDS OF NICHOLAS MICOZZIE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.54059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00